# DIRECT ACTION FORM

Please complete fields in the white areas. Gray fields are for RISO use.

**File #:**

## CONTACT INFO

**Company Name:** _____

**Your Name:** _____

**Address:** _____

**City/State/Zip:** _____

**Telephone #:** _____ **Fax #:** _____

**E-Mail:** _____

**I am a RISO:**

- ☐ End-User
- ☐ Dealer **Dealer Name:** _____
- ☐ Other _____

## ACTION STATUS

- ☐ URGENT
- ☐ FOLLOW-UP
- ☐ F.Y.I.
- ☐ AUDIT

**Forward Copy To:**

**Date Stamp:**

## SITUATION

**Describe your problem, situation, or exception here:**

## ACTION

**Corrective Action Taken:**

**Taken by:** **Dept.:** **Date:**

## COMMENT

**Timeframe/Suggestions:**

## APPROVE

**Approved By:** **Date:**

**Fax this form to:** RISO, Inc.,Technical Administration, Attention: Rick Church (Fax No. 978-750-4901)